



POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B.W.	249 67094	6/23/99
O.I.P.E. CLASSIFIER		25	67-01-99
FORMALITY REVIEW	B+1	60205	7-14-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5-2-02
2	✓	✓	5-2-02
3	✓	✓	5-2-02
4	✓	✓	5-2-02
5	✓	✓	5-2-02
6	✓	✓	5-2-02
7	✓	✓	5-2-02
8	✓	✓	5-2-02
9	✓	✓	5-2-02
10	✓	✓	5-2-02
11	✓	✓	5-2-02
12	✓	✓	5-2-02
13	✓	✓	5-2-02
14	✓	✓	5-2-02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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